License Type: 37 Daily On-Sale General License Nontransferable

LICENSE NO. 9548303 Receipt No. 2534584

Fee Paid

\$50.00

Geographical Code 1933

APPLICATION:

Pursuant to the authority granted by the organization named below, the undersigned hereby applies for the above designated license(s) for the location also described below.

ORGANIZATION:

HOLLYWOOD FOREVER INC-ENDOWMENT CARE & MEMORIAL CARE

LOCATION ADDRESS:

6000 SANTA MONICA BLVD LOS ANGELES, CA 90038

TYPE OF EVENT:

OTHER EVENT

HR/DATES DURING WHICH ALCOHOL WILL BE SOLD:

October 26, 2018 - October 27, 2018

12PM-1AM

ESTIMATED ATTENDANCE:

8500

AUTHORIZED REPRESENTATIVE / ADDRESS

JAY BOILEAU 6000 SANTA MONICA BLVD LOS ANGELES, CA 90038

LICENSE:

The above-named organization is hereby licensed, pursuant to Section 24045.1 of the Business and Professions Code and Rule 59.5 of the California Code of Regulations, to engage in the temporary sale of alcoholic beverages for consumption at the above-named location for the period authorized below. This license does not include off-sale ("to-go") privileges. This license may be revoked summarily by the Department if, in the opinion of the Department and/or the local law enforcement agency, it is necessary to protect the safety, welfare, health, peace, and morals of the people of the State.



Good for 2 day(s). Date Issued October 19, 2018.

Director of Alcoholic Beverage Control

Ву

DA	LY LICENS	SE APPLIC	ATION/AU	THORIZA	TION - N	on T	ransfera	ble			
Instructions: Complete all items. Submit to local ABC District Office with required fee (Cashier's Check or Money Order) payable to ABC. Once license is issued, fee cannot be refunded. For a listing of ABC District Offices please visit http://www.abc.ca.gov/distmap.html Pursuant to the authority granted by the organization named below, the undersigned hereby applies for the license(s) described below.									LICENSE NUMBER	GEO CODE	
									RECEIPT NUMBER		
יייייייייייייייייייייייייייייייייייייי									FEE		
1 000	SANIZATION'S NAME								\$		
Hollywood Forever Inc Endowment Care & Men						Ye.	S REQUIRED	No	DIAGRAM REQUIRED Yes	No	
2. L	CENSE TYPE	(Check approp	riate license typ	oe AND orga	nization type)			-		
-		eneral (\$25.00) (Includes beer, wine and distilled spirits)									
	Political Party/Affiliate Supporting Candidate for Public Office or Ballot Measure					Fraternal Organization in Existence Over Five Years with Regular Membership					
	Organization	ble or Civic I	Civic Purpose Religious Organization								
	Other: NON PROFIT CEMETERY ENDOWMENT CARE FUND						Vessel per Section 24045.10 B&P (\$50.00)				
							000, por 000	2011 2 10 10.	NUMBER OF DISPENSING POINTS		
									10		
b. [Special Daily Beer (\$25.00)				Daily Beer	& Wine (\$50.00)			Special Daily Wine (\$25.00)		
Charitable Fraternal Social Political Other:											
							ation		NUMBER OF DISPENSING POINTS		
	Land					. 9					
c. Special Temporary License (\$100.00) (Different privileges depending on statute)											
Television Station per Section 24045.2 or 24045.9 B&P Person conducting Estate Wine Sale per Section 24045.8 B&P										24045.8 B&P	
Nonprofit Corporation per Sections 24045.4 and 24045.6 B&P Women's Educational and Charitable Organization per											
_	Section 24045.3 B&P										
	Other Special Temporary Licenses, per Section										
	License number Amou										
	ENT TYPE	<u></u>								-	
	Dinner	Dance	Wedding	Lunch	Picnic		rbeque		Gathering	Festival	
	Sports Event	Concert	Birthday	Mixer	Carnival		nner Dance	Other:	DIA DE LOS	MUERTOS	
4. TOTAL # OF DAYS 5. ESTIMATED ATTENDANCE 6. HOURS OF ALCOHOLIC BEVERAGE SALES, SERVICE AND/OR CONSUMPTION 7. 1:00AM											
	ENT DATE(S)	8500		From	12:00PM	O EVEN	T IS OPEN TO TH	To	1:00AM		
		10.26.2018 a	nd Saturday (e	event)10.27	.2018	Ye		iNo			
9. EV	ENT LOCATION (Give	facility name, if any, s	treet number and name	e, and city)							
			tery - 6000		nica Blvd	, Los	Angeles	, CA 900	38		
	CATION IS WITHIN T Yes		11. TYPE OF ENTER		MANOFO	-	URITY GUARDS	□ Na	16	0 95	
boomend		No	CULTURAL	PERFOR	MANCES	Ye	es	No	If yes, how r		
13. AUTHORIZED REPRESENTATIVE'S NAME Jay Boileau 14. REPRESENTATIVE'S T								S TELEPHONE NUMBER			
15. REPRESENTATIVE'S ADDRESS											
6000 Santa Monica Blvd, Los Angeles, CA 90038											
16. ORGANIZATION'S MAILING ADDRESS (If different from #15 above)											
17. AUTHORIZED REPRESENT TIVE'S SIGNATURE 18. DATE SIGNED 10.01.2018											
PROPERTY WINER APPROVAL BY (Name), REQUIRED PHONE NUMBER										DATE SIGNED	
Yogu Kanthiah					(Celi					10.01.2018	
					PHONE NUMBER			MENT SIGNATUI	RE	DATE SIGNED	
CTV-IERREZ 38231 DISTRICT OFFICE APPROVAL BY (Name)							ABC EMPLOYEE SIGNATURE ISSUANCE DATE				
21011	OF THE AFFRO	The Di (Haine)					A DO EMPLOTE	- JOHN TURE		I SOUTH OF THE	

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